

Receipt

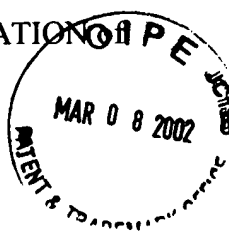
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION

JOHNSON

Appln. No.: 10/043,505

Filed: January 9, 2002



Group Art Unit: 3763

Examiner: Unknown

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Title: DEVICE FOR DELIVERING LIQUID MEDICATIONS OR NUTRIENTS AND  
GASES TO LOCAL TISSUE

\* \* \* \* \*

February 19, 2002

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Sir:

Please correct the attached Filing Receipt to properly designate the inventor's middle initial as "L", not "M". The necessary correction is noted in red on the attachment.

Respectfully submitted.

Kevin E. Joyce  
Reg. No. 20508  
Tel. No. (301) 651-4946  
Fax No. (301) 261-7746

P.O. Box 1750  
Edgewater, Maryland 21037-7750

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/043,505	01/09/2002	3763	370	265733	2	7	1

CONFIRMATION NO. 9188

## FILING RECEIPT



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 P.O. Box 1750  
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## Applicant(s)

Lanny M. Johnson, Okemos, MI;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 02/13/2002

Projected Publication Date: 07/10/2003

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Device for delivering liquid medications or nutrients and gases to local tissue

Preliminary Class

604

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Bib Data Sheet

CONFIRMATION NO. 9188

<b>SERIAL NUMBER</b> 10/043,505	<b>FILING DATE</b> 01/09/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 265733	
<b>APPLICANTS</b> Lanny L. Johnson, Okemos, MI;					
** CONTINUING DATA ***** NONE gm					
** FOREIGN APPLICATIONS ***** NONE gm					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/13/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____					
<b>ADDRESS</b> Kevin E. Joyce P.O. Box 1750 Edgewater, MD 21037-7750					
<b>TITLE</b> Device for delivering liquid medications or nutrients and gases to local tissue					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		